

Case Number:	CM14-0164199		
Date Assigned:	10/09/2014	Date of Injury:	03/04/2013
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old female correctional office sustained an industrial injury on 3/4/13. Injury occurred when she slipped and fell, landing on her right outstretched arm. Past medical history was positive for controlled hypertension, occasional gastrointestinal reflux, anxiety, and current smoking status, one-half pack per day. Past surgical history was non-contributory. The 10/25/13 right shoulder MRI conclusion documented acromioclavicular osteoarthritis, and mild supraspinatus and infraspinatus tendinitis. She underwent right shoulder arthroscopy with debridement of the rotator cuff and glenoid labral tear, acromioplasty, resection of the coracoacromial ligament and subacromial bursa, and distal clavicle resection on 6/18/14. Twelve post-op physical therapy sessions were pre-approved. The 8/28/14 pain management report indicated the patient had continued shoulder, low back, and neck pain with upper and lower extremity numbness, tingling and weakness. The treatment plan documented the use of Norco 5/325 mg twice daily with benefit and recommended continued use during post-operative therapy for the right shoulder. The 9/15/14 orthopedic surgeon report indicated that the patient had not yet begun physical therapy. She was attempting self-directed exercises. She had improved since surgery with decreased pain and increased motion. There was residual functional difficulty in overhead lifting, reaching, and pushing. Physical exam documented right shoulder range of motion as flexion 160, abduction 160, and external rotation 70 degrees with internal rotation to T10. There was tenderness at the subacromial bursa. Provocative testing was negative. Manual muscle testing documented 4/5 weakness in right abduction and external rotation. The treatment plan recommended 12 physical therapy sessions for range of motion and strengthening. A refill of Ultram 50 mg #60 was recommended. The 9/25/14 utilization review modified the request for Ultram 50 mg #60 to #45 as there was no documentation of functional benefit with use of this medication. Physical therapy was modified from 12 sessions to 6 sessions as records indicated

that no post-operative therapy had been provided and to allow provider the opportunity to document functional improvement with treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram 50mg twice a day QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Classification - Tramadol (Ultram) Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Ultram, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, and review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no documentation of objective functional benefit with use of this medication. Records suggest multiple prescribers of medications. The patient was documented as using Norco twice daily with benefit. The medical necessity of an additional opioid medication is not established. The 9/25/14 utilization review modified the request for Ultram 50 Mg #60 to #45 to allow time for the treating physician to document benefit or wean the medication. Therefore, this request is not medically necessary.

Post-Operative Physical Therapy Right Shoulder QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met for post-op therapy. The patient was initially approved for 12 post-operative physical therapy visits but apparently did not initiate therapy. The 9/25/14 utilization review modified a request for 12 visits of post-operative therapy to 6 visits to allow time to document functional benefit. There are minimal functional deficits documented in range

of motion and strength. There is no compelling reason to support additional physical therapy at this time beyond care already certified. Therefore, this request is not medically necessary.